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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for	Aurelio First name	Nora First name
	example, your driver's license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Flores Last name and Suffix (Sr., Jr., II, III)	Zamudio Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9768	xxx-xx-0886

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Debtor 1 Aurelio Flores
Debtor 2 Nora Zamudio

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	826 Pennsylvania Ave. Aurora, IL 60506	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Kane County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Del	otor 2 Nora Zamudio					Case number (if known)	
Par	t 2: Tell the Court About	our Bank	ruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing fo e box.	r Bankruptcy
	choosing to file under	■ Chapt	er 7				
		☐ Chapt	er 11				
		☐ Chapt	er 12				
		☐ Chapt					
8.	How you will pay the fee	abo ord	out how your er. If your	ou may pay. Typi	cally, if you are paying the fee yo	k with the clerk's office in your local court of urself, you may pay with cash, cashier's calf, your attorney may pay with a credit cal	heck, or money
						n, sign and attach the Application for Indi	viduals to Pay
			-		(Official Form 103A).	n only if you are filing for Chapter 7. By lav	v a judae mav
		but	is not rec	quired to, waive yo	our fee, and may do so only if yo	ur income is less than 150% of the official installments). If you choose this option, y	poverty line that
						ial Form 103B) and file it with your petition	
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to	line 12.			
	residence?	☐ Yes.	Has yo	our landlord obtai	ned an eviction judgment agains	t you and do you want to stay in your resid	dence?
				No. Go to line 1	2.		
				Yes. Fill out <i>Init</i> bankruptcy petit		ludgment Against You (Form 101A) and fi	le it with this
				1 7 1			

Debtor 1 Aurelio Flores

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Debtor 1 Aurelio Flores

Deb	otor 2 Nora Zamudio				Case number (if known)
Par	t 3: Report About Any Bu	sinesses	You Owr	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	е
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you ir	ndicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	l am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs		If immed	liate attention is	
	immediate attention?			why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

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	Aurelio Flores Nora Zamudio	Case number (if known)	
Part 5:	Explain Your Efforts to Receive a Briefing About Credit Counseling		

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

П	Incapa	acity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-04054 Doc 1 Filed 02/13/17 Entered 02/13/17 13:12:21 Desc Main Document Page 6 of 65

	tor 2 Nora Zamudio			Case no	umber (if known)
Par	6: Answer These Quest	ions for Rep	orting Purposes		
16.	What kind of debts do you have?		re your debts primarily consundividual primarily for a personal,		e defined in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.		
			Yes. Go to line 17.		
			re your debts primarily busines noney for a business or investmen		
			No. Go to line 16c.		
			Yes. Go to line 17.		
		16c. S	tate the type of debts you owe the	at are not consumer debts or bu	siness debts
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. Go	to line 18.	
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Do you re paid that funds will be available		property is excluded and administrative expenses itors?
	administrative expenses are paid that funds will		No		
	be available for distribution to unsecured creditors?] Yes		
18.	How many Creditors do	■ 1-49		1 ,000-5,000	□ 25,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000	☐ More than100,000
19.	How much do you	□ \$0 - \$50,	,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,001		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior	□ \$10,000,000,001 - \$50 billion □ More than \$50 billion
20.	How much do you	□ \$0 - \$50,	000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	□ \$50,001		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
	10 50.		1 - \$500,000	□ \$50,000,001 - \$100 million □ \$100.000.001 - \$500 millior	\$10,000,000,001 - \$50 billion
		□ \$500,00°	1 - \$1 million	□ \$100,000,001 - \$500 millior	n ☐ More than \$50 billion
Par	7: Sign Below				
For	you	I have exam	nined this petition, and I declare u	under penalty of perjury that the	information provided is true and correct.
					gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.
			ey represents me and I did not pa have obtained and read the notion		is not an attorney to help me fill out this o).
		I request rel	lief in accordance with the chapte	er of title 11, United States Code	, specified in this petition.
					ney or property by fraud in connection with a p 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		/s/ Aurelia		/s/ Nora Zan	
		Aurelio Fl Signature of		Nora Zamud Signature of D	
		Executed or	February 13, 2017 MM / DD / YYYY	Executed on	February 13, 2017 MM / DD / YYYYY

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Debtor 1	Aurelio Flores	Document	Page 7 of 65				
Debtor 2	Nora Zamudio	Case number (if known)					
•	attorney, if you are ed by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ed States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
	not represented by ey, you do not need a page.			vledge after an inquiry that the information in the			
		/s/ C. David Ward	Date	February 13, 2017			
		Signature of Attorney for Debtor		MM / DD / YYYY			
		C. David Ward					
		Printed name					
		C. David Ward					
		Firm name					
		1234 Douglas Road					
		Oswego, IL 60543					
		Number, Street, City, State & ZIP Code					
		Contact phone 630-554-3065	Email address	cdward1945@yahoo.com			

2938065 Illinois
Bar number & State

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		DOCUM	eni Page 8 oi 65		
Fill in this infor	mation to identify your	case:			
Debtor 1	Aurelio Flores				
	First Name	Middle Name	Last Name		
Debtor 2	Nora Zamudio				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if the ch	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value of	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	141,493.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	14,050.17
	1c. Copy line 63, Total of all property on Schedule A/B	\$	155,543.17
Par	rt 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	140,346.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	18,347.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	60,230.62
	Your total liabilities	\$	218,923.62
Par	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,797.14
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,335.00
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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		Document	Page 9 of 65	
	Aurelio Flores		· ·	
Debtor 2	Nora Zamudio		Case number (if known)	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$_	6,650.07

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
Troill I alt 4 on Schedule Lift, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	6,347.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	12,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	18,347.00

		Case 17-04054	Doc 1	Filed 02/13/17 Document	Entered 02/13/17 Page 10 of 65	7 13:12:21	Desc	Main
Fill	in this in	formation to identify	your case and t	this filing:				
Deb	tor 1	Aurelio Flore		ile Name	Last Name			
	tor 2 use, if filing)	Nora Zamud First Name		dle Name	Last Name			
Unit	ed States	Bankruptcy Court for	the: NORTHE	RN DISTRICT OF ILLII	NOIS			
Cas	e number				_			Check if this is an amended filing
n each nink nform nsw	ch categorist fits besmation. If it ver every construction is presented by you own	i. Be as complete and a more space is needed, a uestion. ibe Each Residence, Bu or have any legal or eq Part 2.	escribe items. List accurate as possib attach a separate still uilding, Land, or C	ole. If two married people sheet to this form. On th Other Real Estate You Ov	an asset fits in more than one of e are filing together, both are e e top of any additional pages, w wn or Have an Interest In , land, or similar property?	qually responsibl	e for supply	ing correct
1.1	826 Pe	nnsylvania Ave. ess, if available, or other desc	cription	What is the property Single-family l Duplex or mul		the amount of any	secured cla	or exemptions. Put ims on Schedule D: ecured by Property.
	Aurora	IL State	60506-0000 ZIP Code		or cooperative or mobile home	Current value of entire property?	the C	urrent value of the ortion you own?
	,			☐ Timeshare ☐ Other	t in the property? Check one	Describe the nat	ure of your ple, tenancy	ownership interest / by the entireties, or
	County				Debtor 2 only if the debtors and another ou wish to add about this item	(see instruction	s is commu s)	nity property
					d by co-debtor and her n	nother. FMV		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$141,493.00

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	ebtor 1 ebtor 2		lurelio Flores Iora Zamudio			Case r	number (if known)		
3.	Cars, v	vans,	, trucks, tractors, spor	t utility vehi	cles, motorcycles				
[□No								
ı	Yes								
3	.1 Ma	ake:	Chevrolet		Who has an interest in the	e property? Check one		cured claims or exemptions. Put secured claims on Schedule D:	
	Мо	odel:	Cruze		Debtor 1 only			ve Claims Secured by Property.	
		ear:	2011		Debtor 2 only		Current value of	the Current value of the	
			mate mileage:		Debtor 1 and Debtor 2 o	•	entire property?	portion you own?	
	_		formation:		At least one of the debto	ors and another			
			btor owns with her r, Consuelo Zamudi		☐ Check if this is commu	inity property	\$3,137	7.50 \$3,137.5	0
			6,275.00	0.	(see instructions)	anity property			
[■ No □ Yes		ollar value of the portion	on vou own	for all of your entries fr	om Part 2, including any ei	ntries for		
5	pages	ne ac s you	have attached for Par	t 2. Write th	at number here	om Part 2, including any ei	ntries for =>	\$3,137.50	
							'		
			ibe Your Personal and Ho		ns rest in any of the follow	ing items?		Current value of the	
DC	you c	own (or nave any legal or eq	ultable inte	rest in any of the follow	ing items?		portion you own? Do not deduct secured claims or exemptions.	I
		ples:	goods and furnishing Major appliances, furnit		china, kitchenware				
	Yes	s. De	escribe						
			Housel	nold goods	s and furnishings.			\$650.0	00
_			· · · · · · · · · · · · · · · · · · ·						
	■ No	ples:				oment; computers, printers, s	canners; music c	ollections; electronic devices	;
8.	Exam _i	ples:	s of value Antiques and figurines; other collections, memo			oks, pictures, or other art obj	ects; stamp, coin,	, or baseball card collections	;
	■ No	s. De	escribe						
9.	Exam _i	ples:	for sports and hobbie Sports, photographic, e. musical instruments		other hobby equipment; I	bicycles, pool tables, golf clu	bs, skis; canoes a	and kayaks; carpentry tools;	
	■ No □ Yes	s. De	escribe						
10.	Firea Exar ■ No		s: Pistols, rifles, shotgun	s, ammunitic	n, and related equipment	1			
	☐ Yes	s. De	escribe						

Official Form 106A/B Schedule A/B: Property page 2

Dal	h+a= 1	Aurolio Floros	Document	Page 12 of 65	
	btor 1 btor 2	Aurelio Flores Nora Zamudio		Case number (if know	n)
_	Clothes Examp □ No	s oles: Everyday clothes, furs, leather coat	s, designer wear, shoe	s, accessories	
I	Yes.	Describe			
		Wearing apparel.			\$300.00
ļ	■ No		engagement rings, we	dding rings, heirloom jewelry, watches, gems	s, gold, silver
ı	Examp ■ No	rm animals bles: Dogs, cats, birds, horses Describe			
į	No	her personal and household items you Give specific information	u did not already list,	including any health aids you did not list	
15.		he dollar value of all of your entries fr art 3. Write that number here	•	any entries for pages you have attached	\$950.00
Par	t 4: Do	scribe Your Financial Assets			
		vn or have any legal or equitable inter	est in any of the follo	wing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
[□ No	oles: Money you have in your wallet, in yo		posit box, and on hand when you file your pe	tition
				Cash	\$30.00
_		its of money ples: Checking, savings, or other financia institutions. If you have multiple acc		of deposit; shares in credit unions, brokerag stitution, list each.	e houses, and other similar
ı	Yes		Institution	name:	
		17.1. Checking	Old Sec	ond National Bank	\$803.71
		, mutual funds, or publicly traded stoo ples: Bond funds, investment accounts w		oney market accounts	
I	☐ Yes	Institution or is	ssuer name:		
_	joint v	ublicly traded stock and interests in in enture	corporated and unin	corporated businesses, including an inter	est in an LLC, partnership, and
_	■ No	Give enecific information about them			
١	∟ites.	Give specific information about them Name of entity:		% of ownership:	
20.	Negoti	nment and corporate bonds and other iable instruments include personal check egotiable instruments are those you can	s, cashiers' checks, pr	omissory notes, and money orders.	

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	Case 17-04054 DC	Document	Page 13 of 65	3/1/ 13.12.21	Desc Main
Debtor 1 Debtor 2	Aurelio Flores Nora Zamudio	Bodament	G	Case number (if known)	
■ No					
	. Give specific information about the	nem			
	Issuer nan	ne:			
	ment or pension accounts oples: Interests in IRA, ERISA, Ked	ogh, 401(k), 403(b), thrift savinç	gs accounts, or other pe	nsion or profit-sharing p	plans
■ Yes.	List each account separately. Type of acco	unt: Institution i	name:		
	401(k)	America	n Funds 401K		\$4,128.96
Yours	ity deposits and prepayments share of all unused deposits you h ples: Agreements with landlords,				ies, or others
		Institution i	name or individual:		
23. Annui f	ties (A contract for a periodic pay	ment of money to you, either fo	r life or for a number of	years)	
	Issuer name and o	description.			
	sts in an education IRA, in an ac .C. §§ 530(b)(1), 529A(b), and 52		ogram, or under a qua	lified state tuition pro	gram.
■ No □ Yes.	Institution name a	nd description. Separately file t	he records of any interes	sts.11 U.S.C. § 521(c):	
	s, equitable or future interests in	n property (other than anythir	ng listed in line 1), and	rights or powers exe	rcisable for your benefit
■ No □ Yes.	. Give specific information about t	hem			
	ts, copyrights, trademarks, trad oples: Internet domain names, web			ts	
■ No □ Yes.	. Give specific information about t	hem			
	ses, franchises, and other general ples: Building permits, exclusive li		n holdings, liquor licens	es, professional license	es
■ No □ Yes.	. Give specific information about t	hem			
Money or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	funds owed to you				
□ No ■ Yes.	. Give specific information about the	nem, including whether you alre	eady filed the returns and	d the tax years	
]	
		Income tax refunds.			\$5,000.00
29. Family	y support ples: Past due or lump sum alimo	ny, spousal support, child supp	ort, maintenance, divord	ce settlement, property	settlement
■ No □ Yes.	. Give specific information				

Official Form 106A/B Schedule A/B: Property page 4

		Case 17-04054	DOC 1	Document	Page 14 o	J2/13/17 13.12.21 f 65	Desc Main
	btor 1	Aurelio Flores		Document	rage 140		
De	btor 2	Nora Zamudio				Case number (if known)	
	Examp _	amounts someone owes y oles: Unpaid wages, disabili benefits; unpaid loans	ty insurance p		benefits, sick pay, va	acation pay, workers' compe	ensation, Social Security
	■ No □ Yes.	Give specific information					
	Ехатр	ts in insurance policies oles: Health, disability, or life	e insurance; h	nealth savings accou	nt (HSA); credit, hon	neowner's, or renter's insura	nce
	■ No						
	⊔ Yes.	Name the insurance compa Com	any of each po pany name:	olicy and list its value		neficiary:	Surrender or refund value:
	If you a	terest in property that is or are the beneficiary of a living one has died.				or are currently entitled to rec	eive property because
	☐ Yes.	Give specific information					
	<i>Examp</i> ■ No	against third parties, wholes: Accidents, employmen				nand for payment	
	☐ Yes.	Describe each claim					
	Other o	contingent and unliquidat	ed claims of	every nature, inclu	ding counterclaims	s of the debtor and rights to	o set off claims
		Describe each claim					
	Any fin ■ No	nancial assets you did not	already list				
	☐ Yes.	Give specific information					
36		he dollar value of all of your service that he was the service that number he					\$9,962.67
Pai	rt 5: Des	scribe Any Business-Related	Property You	Own or Have an Inter	est In. List any real es	state in Part 1.	
		own or have any legal or equi	itable interest i	in any business-relate	ed property?		
		to Part 6.					
	Yes. G	Go to line 38.					
Pai		scribe Any Farm- and Commo			Own or Have an Inter	est In.	
46.		ı own or have any legal oı	r equitable in	terest in any farm-	or commercial fish	ing-related property?	
	■ No.	Go to Part 7.					
	☐ Yes.	. Go to line 47.					
Pai	rt 7:	Describe All Property You	Own or Have a	an Interest in That You	Did Not List Above		
		have other property of a oles: Season tickets, country			?		
	Yes.	Give specific information					
		Valu	ues listed o	n schedule B are	the debtor's/deb	tors' best estimate of	

Official Form 106A/B Schedule A/B: Property page 5

fair market value in a liquidation sale.

\$0.00

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Page 15 of 65 Document **Aurelio Flores** Debtor 1 Debtor 2 **Nora Zamudio** Case number (if known) 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$141,493.00 Part 2: Total vehicles, line 5 \$3,137.50 Part 3: Total personal and household items, line 15 57. \$950.00 Part 4: Total financial assets, line 36 \$9,962.67

\$0.00

\$0.00

\$0.00

Copy personal property total

\$14,050.17

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

\$155,543.17

\$14,050.17

Official Form 106A/B Schedule A/B: Property page 6

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		IAAAIII		
Fill in this infor	mation to identify your	case:		
Debtor 1	Aurelio Flores			
	First Name	Middle Name	Last Name	
Debtor 2	Nora Zamudio			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Pro	perty You	Claim as	Exempt
---------	----------	---------	-----------	----------	--------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
826 Pennsylvania Ave. Aurora, IL 60506 Kane County	\$141,493.00		\$4,251.00	735 ILCS 5/12-901	
Property owned by co-debtor and her mother. FMV Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2011 Chevrolet Cruze Co-debtor owns with her mother,	\$3,137.50		\$33.50	735 ILCS 5/12-1001(c)	
Consuelo Zamudio. FMV \$6,275.00 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
Household goods and furnishings.	\$650.00		\$650.00	735 ILCS 5/12-1001(b)	
Ellie Holli Schedule A.B. G.1			100% of fair market value, up to any applicable statutory limit		
Wearing apparel. Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)	
Ellie Holli Scheddle A.B. TTT			100% of fair market value, up to any applicable statutory limit		
Cash Line from Schedule A/B: 16.1	\$30.00		\$30.00	735 ILCS 5/12-1001(b)	
Line Holli Schedule A/D. 10.1			100% of fair market value, up to any applicable statutory limit		

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Nora Zamudio Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Old Second National Bank** 735 ILCS 5/12-1001(b) \$803.71 \$803.71 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 401(k): American Funds 401K 735 ILCS 5/12-1006 \$4,128.96 \$4,128.96 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Income tax refunds. 735 ILCS 5/12-1001(b) \$5,000.00 \$5,000.00 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

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Cas	SC 11-04034		e 18 of 65	IZ.ZI DESCIV	iaiii
Fill in this inform	ation to identify you		- 10 01 00		
Debtor 1	Aurelio Flores				
	First Name	Middle Name Last Nan	ne		
Debtor 2 (Spouse if, filing)	Nora Zamudio First Name	Middle Name Last Nam	ne		
United States Ban	kruptcy Court for the	: NORTHERN DISTRICT OF ILLINOIS			
Case number					
(if known)				_	if this is an ded filing
Official Form	106D				
		Who Have Claims Secu	red by Propert	y	12/15
		If two married people are filing together, both a out, number the entries, and attach it to this for			
•	nave claims secured by	y your property?			
☐ No. Check	this box and submit t	his form to the court with your other schedule	es. You have nothing else t	o report on this form.	
Yes. Fill in	all of the information	below.			
Part 1: List All	Secured Claims				
2. List all secured c	laims. If a creditor has	more than one secured claim, list the creditor sepa	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Ally Finance	cial	Describe the property that secures the claim		\$3,137.50	\$0.00
Po Box 380 Bloomingt	0901 on, MN 55438	2011 Chevrolet Cruze Co-debtor owns with her mother, Consuelo Zamudio. FMV \$6,275.00 As of the date you file, the claim is: Check all the apply. ☐ Contingent			
Number, Street, 0	City, State & Zip Code	Unliquidated			
VA/Ib a service discorded	-10.01	☐ Disputed			
Who owes the deb	ot? Check one.	Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage)	or accured		
Debtor 2 only		car loan)	oi secureu		
☐ Debtor 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)		
At least one of the	e debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cla		Other (including a right to offset)			
	Opened 06/11 Last Active				
Date debt was incu		Last 4 digits of account number 7	170		
2.2 Wells Farg	o Home Mor	Describe the property that secures the claim:	\$137,242.00	\$141,493.00	\$0.00
Creditor's Name		826 Pennsylvania Ave. Aurora, IL			
Resolution	-	60506 Kane County Property owned by co-debtor and her mother. FMV			
Mac#2302- 10335	v4e POD	As of the date you file, the claim is: Check all the	nat		
	s, IA 50306	apply. ☐ Contingent			
Number, Street, 0	City, State & Zip Code	■ Unliquidated			
Who owes the deb	ot? Check one	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	A: CHECK UNE.	☐ An agreement you made (such as mortgage	or secured		
Debtor 2 only		car loan)	o. oodulou		

Official Form 106D

Debtor 2 only

☐ Debtor 1 and Debtor 2 only

At least one of the debtors and another

Schedule D: Creditors Who Have Claims Secured by Property

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

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Debtor 1	Aurelio Flo	ores			Case number (if know)	
	First Name	Middle Na	ame Last Name		_	
Debtor 2	Nora Zam	udio				
	First Name	Middle Na	ame Last Name			
	if this claim re unity debt	elates to a	☐ Other (including a right to offset	t)		
Date debt	was incurred	Opened 12/14 Last Active 9/12/16	Last 4 digits of account n	umber <u>6112</u>		
		•	olumn A on this page. Write that n		\$140,346.00	
	the last page of the number here		the dollar value totals from all pag	jes.	\$140,346.00	<u>'</u>

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Document	Page 20 of 6	35		
Fill	in this infor	mation to identify your ca	ase:				
Deb	otor 1	Aurelio Flores					
		First Name	Middle Name	Last Name			
	otor 2	Nora Zamudio					
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Unit	ted States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINOIS			
Cas	se number						
(if kn						☐ Check amend	if this is an ed filing
Sc	hedule E		no Have Unsecured				12/15
any e Sche Sche left. /	executory con edule G: Execu edule D: Credit Attach the Cor	tracts or unexpired leases to atory Contracts and Unexpir tors Who Have Claims Secu	Part 1 for creditors with PRIORIT hat could result in a claim. Also I ed Leases (Official Form 1066). I ered by Property. If more space is . If you have no information to re	ist executory contract Oo not include any cre needed, copy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out, i	roperty (Official For ecured claims that a number the entries in	m 106A/B) and on tre listed in the boxes on the
Par	t 1: List A	II of Your PRIORITY Uns	ecured Claims				
1.	Do any credite	ors have priority unsecured	claims against you?				
	☐ No. Go to F	Part 2.					
	Yes.						
	identify what ty possible, list th	pe of claim it is. If a claim has ne claims in alphabetical order	If a creditor has more than one pric both priority and nonpriority amoun according to the creditor's name. If icular claim, list the other creditors i	ts, list that claim here a you have more than tw	nd show both priority a	nd nonpriority amount	ts. As much as
	(For an explan	ation of each type of claim, se	e the instructions for this form in the	e instruction booklet.)			
	` '	,		,	Total claim	Priority amount	Nonpriority amount
2.1	Interna	I Revenue Service	Last 4 digits of accou	nt number	\$12,000.00	\$12,000.00	\$0.00
		reditor's Name			Ψ12,000.00	Ψ12,000.00	Ψ0.00
	P.O. Bo		When was the debt in	curred?		-	
		elphia, PA 19101-7346 Street City State Zlp Code	 As of the date you file	the claim is: Check a	Il that apply		
		d the debt? Check one.	☐ Contingent	, the claim is. Oneon a	ш шасарріу		
	■ Debtor 1 o		■ Unliquidated				
	Debtor 2	only	☐ Disputed				
	_	and Debtor 2 only	Type of PRIORITY uns	secured claim:			
	_	ne of the debtors and another	Domestic support of				
	_	this claim is for a communi		· ·			
		this claim is for a communi subject to offset?	Taxes and certain o	ther debts you owe the			
	No			personal injury while yo	u were intoxicated		
	□ Yes		Other. Specify				

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Debtor 1 Aurelio Flores Debtor 2 Nora Zamudio		Case n	umber (if know)		
2.2 Sonoma County Child Su	Last 4 digits of account number	7715	\$6,347.00	\$0.00	\$6,347.00
Priority Creditor's Name		0	40/45 1		
3725 Westwind Blvd Ste 2 Santa Rosa, CA 95403	When was the debt incurred?	Active 12	10/15 Last 2/11/15		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all	that apply		
Who incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	Unliquidated				
☐ Debtor 2 only	☐ Disputed				
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:			
\square At least one of the debtors and another	■ Domestic support obligations				
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts y	ou owe the g	overnment		
Is the claim subject to offset?	☐ Claims for death or personal inj	ury while you	were intoxicated		
No	Other. Specify				
Yes	Family Sup	port			
4. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each cl than one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify wh	at type of cla	im it is. Do not list claims alre	eady included in out the Continua	Part 1. If more ation Page of
				Total o	
4.1 Amr Eagle Bk Nonpriority Creditor's Name	Last 4 digits of account numb	er <u>0001</u>			Unknown
556 Randall Road South Elgin, IL 60177	When was the debt incurred?	Open 8/25/1	ed 5/01/15 Last Acti I6	ve	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the cla	m is: Check	all that apply		
☐ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	Unliquidated				
■ Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsect	red claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a s report as priority claims	eparation agr	reement or divorce that you o	lid not	
■ No	Debts to pension or profit-sh	aring plans, a	and other similar debts		
Yes	Other. Specify Deficient Navigator	cy on repo	ossessed 2007 Linco	ln ——	

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	1 Aurelio Flores 2 Nora Zamudio	Case number (if know)	
4.2	Anesthesia Associates Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00
	Po Box 686 DeKalb, IL 60115	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical services	
4.3	Atg Credit Llc	Last 4 digits of account number 4366	\$937.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred? Opened 04/15	
	Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Collection Attorney Empact Emergency Physicians L	
4.4	Atg Credit Llc	Last 4 digits of account number 4367	\$589.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred? Opened 04/15	
	Chicago, IL 60622 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only		
	Debtor 2 only	■ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	_ NO	_ Collection Attorney Empact Emergency	
	☐ Yes	Other. Specify Physicians L	

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	Aurelio Flores Nora Zamudio		Case number (if know)	
4.5	Atg Credit Llc	Last 4 digits of account number	6193	\$40.00
	Nonpriority Creditor's Name 1700 W Cortland St Ste 2	When was the debt incurred?	Opened 10/13	•
-	Chicago, IL 60622 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Consultant	Attorney Valley Imaging s	
4.6	Bank Of America	Last 4 digits of account number	8728	\$6,788.00
	Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410	When was the debt incurred?	Opened 09/04 Last Active 9/20/16	
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Bank Of America	Last 4 digits of account number	8728	\$6,466.00
	Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410	When was the debt incurred?	Opened 9/24/04 Last Active 9/20/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	<u> </u>	

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Debtor	Nora Zamudio		Case number (if know)	
4.8	Belden Jewelers/Sterling Jewel Nonpriority Creditor's Name	Last 4 digits of account number	2820	\$1,557.00
	Attn: Bankruptcy Po Box 1799 Akron, OH 44309	When was the debt incurred?	Opened 11/15 Last Active 6/02/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	 Obligations arising out of a separeport as priority claims 	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.9	Capital One	Last 4 digits of account number	0663	\$402.00
	Nonpriority Creditor's Name		Opened 01/15 Last Active	
	Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	6/21/16	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	an anat app.)	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	o plans, and other similar debts	
	Yes	■ Other. Specify Credit Card		
4.1 0	Capital One / Menard Nonpriority Creditor's Name	Last 4 digits of account number	6571	\$439.00
	Attn: Bankruptcy Dept Po Box 30258 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/15 Last Active 10/21/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	= -	
	Yes	■ Other. Specify Charge Acc	count	

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Nora Zamudio		Case number (if know)	
Cbassociates	Last 4 digits of account number	3158	\$1,862.
Nonpriority Creditor's Name Po Box 150	When was the debt incurred?		
Fairfield, CA 94533 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Опеск ан так арру	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
□ Yes	Other. Specify Performance	ce Tow Auto Repair	
Chase Card Services	Last 4 digits of account number	2804	\$6,990.
Nonpriority Creditor's Name	_		
Attn: Correspondence Dept Po Box 15298	When was the debt incurred?	Opened 09/06 Last Active 10/04/16	
Wilmington, DE 19850	when was the dept incurred?	10/04/10	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	, ,		
Yes	Other. Specify Credit Card	1	
Citibank	Last 4 digits of account number	9502	\$1,942.
Nonpriority Creditor's Name Citicorp Cr Srvs/Centrali Po Box 790040	When was the debt incurred?	Opened 01/15 Last Active 10/21/16	
S Louis, MO 63129 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• ,	,	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other. Specify Credit Card	İ	

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Nora Zamudio		Case number (if know)	
Citibank Sears	Last 4 digits of account number	9607	\$1,150.00
Nonpriority Creditor's Name Citicorp Credit Srvs/Centrali Po Box 790040 Saint Louis, MO 63179	When was the debt incurred?	Opened 05/15 Last Active 6/03/16	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No No	Debts to pension or profit-sharin		
Yes	Other. Specify Charge Acc	count	
Citibank/Best Buy Nonpriority Creditor's Name	Last 4 digits of account number	5297	\$1,787.00
Centalized Bankruptcy/ Po Box 790040 Sanit Louis, MO 63179	When was the debt incurred?	Opened 12/13 Last Active 7/22/16	
lumber Street City State Zlp Code /ho incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Citibank/Best Buy	Last 4 digits of account number	2456	\$1,382.00
Nonpriority Creditor's Name Centalized Bankruptcy/ Po Box 790040 Sanit Louis, MO 63179	When was the debt incurred?	Opened 05/15 Last Active 6/13/16	
Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin		
Yes	■ Other. Specify Charge Acc	count	

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Nora Zamudio		Case number (if know)	
Citibank/The Home Depot	Last 4 digits of account number	2266	\$671.00
Nonpriority Creditor's Name Citicorp Cr Srvs Po Box 790040 S Louis, MO 63129	When was the debt incurred?	Opened 08/05 Last Active 8/15/16	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Charge Acc	count	
Citibank/The Home Depot	Last 4 digits of account number	7082	\$546.00
Nonpriority Creditor's Name Citicorp Cr Srvs/Centraliz Po Box 790040	When was the debt incurred?	Opened 06/15 Last Active 5/24/16	
S Louis, MO 63129 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	•	,	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Charge Acc	count	
Comenity Bank/Carsons Nonpriority Creditor's Name	Last 4 digits of account number	5292	\$303.00
Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 05/15 Last Active 6/17/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Charge Acc	count	

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btor 2 Nora Zamudio		Case number (if know)	
Comenity Bank/Harlem Furnit	ture Last 4 digits of account number	5054	\$2,143.00
Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 12/14 Last Active 9/09/16	
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and anoth		d claim:	
☐ Check if this claim is for a commu debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharir		
Yes	Other. Specify Charge Ac	count	
Comenitycapital/dvdsbr	Last 4 digits of account number	1205	\$1,694.00
Nonpriority Creditor's Name Comenity Bank Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 4/23/16 Last Active 9/21/16	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and anoth	er Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a commu	nity Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify Charge Ac	count	
Consumers Alliance Processi Corp	ing Last 4 digits of account number		Unknown
Nonpriority Creditor's Name PO Box 131480 Carlabad, CA 93013	When was the debt incurred?		
Carlsbad, CA 92013 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	■ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and anoth	•	d claim:	
☐ Check if this claim is for a commu	По		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other Specify unsecured	credit	

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	Case number (if know)	
Last 4 digits of account number	0254	\$596.00
When was the debt incurred?	Opened 03/16 Last Active 6/21/16	
As of the date you file, the claim	is: Check all that apply	
☐ Contingent		
Unliquidated		
☐ Disputed Type of NONPRIORITY unsecured	d claim:	
☐ Student loans		
Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
Debts to pension or profit-sharing	ng plans, and other similar debts	
Other. Specify Charge Acc	count	
Last 4 digits of account number		\$423.33
When was the debt incurred?		
As of the date you file, the claim	is: Check all that apply	
☐ Contingent		
Unliquidated		
☐ Disputed		
<u></u>	d claim:	
☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	ng plans, and other similar debts	
Last 4 digits of account number	8394	\$3,239.00
When was the debt incurred?		
As of the date you file, the claim	is: Check all that apply	
☐ Contingent		
■ Unliquidated		
☐ Disputed		
<u></u>	d claim:	
	aration agreement or divorce that you did not	
report as priority cialitis		
Debts to pension or profit-sharing	ng plans, and other similar debts	
	When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Charge Acc Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Unsecured Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecure Student loans Student loans Student loans Student loans Student loans	When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Cher. Specify Charge Account Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Check all that apply Men was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Student loans Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Unsecured credit Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Oldigations arising out of a separation agreement or divorce that you did not report as priority claims Contingent Contingen

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2 Nora Zamudio	Case number (if know)	
Dreyer Ambulatory Surgery Center	Last 4 digits of account number	\$736.
Nonpriority Creditor's Name 1221 N. Highland Ave. PO Box 1566	When was the debt incurred?	
Aurora, IL 60506 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	■ Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify medical services	
Dreyer Medical Clinic	Last 4 digits of account number	Unkno
Nonpriority Creditor's Name 1870 W. Galena Blvd	When was the debt incurred?	
Aurora, IL 60506 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	■ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify medical services	
Khem Surgical Services	Last 4 digits of account number	\$283
Nonpriority Creditor's Name 32 Pickford Rd.	When was the debt incurred?	
Montgomery, IL 60538 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	■ Unliquidated	
■ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify unsecured credit	

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	1 Aurelio Flores 2 Nora Zamudio		Case number (if know)	
4.2 9	Kohls/Capital One	Last 4 digits of account number	5617	\$292.00
	Nonpriority Creditor's Name	_	0	
	Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	Opened 09/15 Last Active 5/27/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	l olaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	' '		
	☐ Yes	Other. Specify Charge Acc	count	
4.3	Lending Club Corp	Last 4 digits of account number	0349	\$5,305.00
	Nonpriority Creditor's Name 71 Stevenson St Suite 300 San Francisco, CA 94105	When was the debt incurred?	Opened 03/15 Last Active 9/19/16	
	Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.3	Macysdsnb Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	911 Duke Blvd Mason, OH 45040	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa		
	Is the claim subject to offset?	report as priority claims		
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts		
	☐ Yes	Other. Specify		

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	Aurelio Flores Nora Zamudio		Case number (if know)	
4.3	Med Business Bureau	Last 4 digits of account number	6796	\$420.00
	Nonpriority Creditor's Name 1460 Renaissance Dr Suite 400 Park Ridge, IL 60068	When was the debt incurred?	Opened 07/15	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Collection Ltd	Attorney Anesthesia Associates	
4.3	One Advantage LLC	Last 4 digits of account number		\$886.34
	Nonpriority Creditor's Name Fka Firstsource Advantage 7650 Magna Drive Belleville, IL 62223	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sens	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and a second and a second and second and second	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Hospital	for Rush-Copley Memorial	
4.3	PayPal Credit	Last 4 digits of account number		\$868.97
	Nonpriority Creditor's Name PO Box 105658	When was the debt incurred?		
	Atlanta, GA 30348-5658 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	Пол		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d eleter.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	■ Other Specify unsecured		
		opoo,		

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Nora Zamudio		Case number (if know)	
Rush Copley Medical Center	Last 4 digits of account number	various	\$1,840.40
Nonpriority Creditor's Name 2000 Ogden Avenue Aurora, IL 60504	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify medical se	rvices	
Syncb/HH Gregg	Last 4 digits of account number	6718	\$1,344.00
Nonpriority Creditor's Name	_		
Po Box 103104 Roswell, GA 30076	When was the debt incurred?	Opened 11/12 Last Active 10/04/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
■ Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	a plane, and other similar debts	
□ Yes	■ Other. Specify Charge Acc		
Syncb/toysrus Nonpriority Creditor's Name	Last 4 digits of account number	5653	\$507.00
Attn: Bankrupty Po Box 103104	When was the debt incurred?	Opened 12/13 Last Active 10/11/16	
Roswell, GA 30076 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
·	<u> </u>		
Debtor 2 only	■ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans		
☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa		
Is the claim subject to offset?	report as priority claims	and the second s	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other Specify Charge Acc	count	

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	1 Aurelio Flores 2 Nora Zamudio		Case number (if know)	
4.3	Synchrony Bank/ JC Penneys	Last 4 digits of account number	4613	\$2,172.00
	Nonpriority Creditor's Name Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code	When was the debt incurred?	Opened 03/05 Last Active 8/25/16	
	Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	Other. Specify Charge Account	
4.3	Synchrony Bank/Sams Nonpriority Creditor's Name	Last 4 digits of account number	5907	\$1,661.00
	Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 7/20/14 Last Active 10/21/16	
	Number Street City State Zlp Code	As of the date you file, the claim i		
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Charge Acc	count	
4.4	Synchrony Bank/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	2275	\$509.00
	Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 05/15 Last Active 6/21/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debts	
		·		
	☐ Yes	■ Other. Specify Charge Acc	Jount	

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Page 35 of 65 Document Debtor 1 Aurelio Flores Debtor 2 Nora Zamudio Case number (if know) 4.4 T-Mobile \$458.87 Last 4 digits of account number Nonpriority Creditor's Name PO Box 742596 When was the debt incurred? Cincinnati, OH 45274-2596 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify unsecured credit Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Advanced Call Center Technologies Line 4.38 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 9091 Gray, TN 37615-9091 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **EGS Financial** Line 4.39 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4740 Baxter Road ■ Part 2: Creditors with Nonpriority Unsecured Claims Virginia Beach, VA 23462 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Macy's Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 78008 Part 2: Creditors with Nonpriority Unsecured Claims Phoenix, AZ 85062-8008 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Malcolm S. Gerald And Assoc. Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 332 S. Michigan Ave, Ste 600 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address One Advantage LLC Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Fka Firstsource Advantage Part 2: Creditors with Nonpriority Unsecured Claims 7650 Magna Drive Belleville, IL 62223 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **PPS** Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 612 Part 2: Creditors with Nonpriority Unsecured Claims Milwaukee, WI 53201-0621 Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Rocio Beltran 418 Piper St.

Official Form 106 E/F

Line 2.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Healdsburg, CA 95448

Last 4 digits of account number

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Debtor 1 Aurelio Flores Debtor 2 Nora Zamudio		Case number (if know)		
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?		
Vital Recovery Services	Line 4.30 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
PO Box 923748 Peachtree Corners, GA 30010-3748		Part 2: Creditors with Nonpriority Unsecured Claims		
	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	6,347.00
Total claims					· · · · · · · · · · · · · · · · · · ·
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	12,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	18,347.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	60,230.62
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	60,230.62

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Fill in this infor	mation to identify your	case:		
Debtor 1	Aurelio Flores	_		
	First Name	Middle Name	Last Name	
Debtor 2	Nora Zamudio			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Consumers Alliance Processing Corp
PO Box 131480
Carlsbad, CA 92013

State what the contract or lease is for
Debt consolidation program.

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		Document	Page 38 of	65	
Fill in thi	s information to identify your	case:			
Debtor 1	Aurelio Flores				
	First Name	Middle Name	Last Name		
Debtor 2	Nora Zamudio				
(Spouse if, fi	ling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS		
Case nun	nber				
(if known)					☐ Check if this is an
					amended filing
O((;	15 40011				
	al Form 106H				
Sched	dule H: Your Cod	lebtors			12/15
people are	e filing together, both are equ	are also liable for any debts you lally responsible for supplying boxes on the left. Attach the hear of the left. Attach the hear of the list of the l	g correct information	n. If more space is needed	d, copy the Additional Page,
1. Do	you have any codebtors? (If	you are filing a joint case, do no	ot list either spouse as	a codebtor.	
□ No)				
■ Ye	es ·				
		u lived in a community prope			es and territories include
Arizo	na, California, Idaho, Louisiana	, Nevada, New Mexico, Puerto	Rico, Texas, Washing	ton, and Wisconsin.)	
■ No	o. Go to line 3.				
		use, or legal equivalent live with	h you at the time?		
	o. Dia your opouse, former ope	aso, or logar equivalent live with	ir you at the time.		
in lin Form	e 2 again as a codebtor only	tors. Do not include your spo if that person is a guarantor o I Form 106E/F), or Schedule (or cosigner. Make su	re you have listed the cre	ditor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IIP Code		Column 2: The creditor Check all schedules that	to whom you owe the debt apply:
3.1	Consuelo Zamudio			Cabadula D. lina	2.2
0.1	820 Columbia			Schedule D, line	
	Aurora, IL 60505			☐ Schedule E/F, line ☐ Schedule G	
				Wells Fargo Home M	or
3.2	Consuelo Zamudio			■ Schedule D, line	2.1
	820 Columbia			☐ Schedule E/F, line	
	Aurora, IL 60505			☐ Schedule G	
				Ally Financial	

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Fill	in this information to identify your	case:							
Del	otor 1 Aurelio Flo	res			_				
	otor 2 Nora Zamu	dio							
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number lown)		-				ded filing nent shov	ving postpetition cha	apter
\bigcirc	fficial Form 1001					13 income	as of the	e following date:	
	fficial Form 106l					MM / DD/	YYYY		
	chedule I: Your Inc								12/15
spo atta	plying correct information. If you use. If you are separated and yo ch a separate sheet to this form. t 1: Describe Employment	ur spouse is not filing w On the top of any additi	ith you, do not includ	de infor	matio	on about your s	ouse. If	more space is nee	eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non	n-filing spouse	
	If you have more than one job,	Employment status	■ Employed			■ Emp	oloyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not	employed	Ė	
	employers.	Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name	Aerotek Staffing	<u> </u>		Seber	t Lands	caping	
	Occupation may include student or homemaker, if it applies.	Employer's address	7301 Parkway D Hanover, MD 21				V. Bartle tt, IL 60		
		How long employed t	here?						
Par	t 2: Give Details About Mo	nthly Income							_
Esti	mate monthly income as of the ouse unless you are separated.	•	you have nothing to re	eport for	any l	line, write \$0 in th	e space.	Include your non-fil	ing
•	u or your non-filing spouse have me space, attach a separate sheet to	• • •	ombine the information	n for all e	emplo	oyers for that pers	son on the	e lines below. If you	need
						For Debtor 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	3,259.55	\$	3,390.52	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	0.00	

Calculate gross Income. Add line 2 + line 3.

3,390.52

3,259.55

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12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data if it		otor 1 otor 2	Aurelio Flores Nora Zamudio	_	C	Case	number (<i>if known</i>)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. So. 0.000 \$ 0.000 5d. 0.00									n-filing sp	ouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. Voluntary contributions for fund for form line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8d. Voluntary contributions regularly received: 8d. Voluntary contributions for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8d. Voluntary support payments that you, a non-filing spouse, or a dependent regularly receive include aimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. S. 0.000 S. 0.000 8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance has you receive suc		Cop	by line 4 here	4.		\$_	3,259.55	\$_	3,3	90.52	-
55. Mandatory contributions for retirement plans 55. \$ 0.00 \$ 0.00	5.	List	all payroll deductions:								
55. Mandatory contributions for retirement plans 55. \$ 0.00 \$ 0.00		5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	619.42	\$	6	28.31	
5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Domestic support obligations 5f. Oo.00 5g. Union dues 5g. Union dues 5f. Oo.00 5h. Other deductions. Specify: 5h. \$ 0.00 5h. Other deductions. Specify: 5h. \$ 0.00 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 926.59 \$ 926.34 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,332.96 \$ 2,464.18 List all other income regularly receives a. Net income from rental property and browness showing gross receipts, ordinary and necessary business expenses, and the total monthly retincome. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income. 8g. Pension or retirement income. 8g. Pension or retirement income. 9g. \$ 0.00 9g. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay		5b.	·			\$		_			-
56. Required repayments of retirement fund loans 56. Is \$ 0.00 \$ 298.03 57. Domestic support obligations 57. Domestic support obligations 58. Union dues 59. Union dues		5c.	Voluntary contributions for retirement plans	5c		\$		\$			-
56. Insurance 57. Domestic support obligations 58. \$ 0.00 \$ 0.00 59. Union dues 59. Union dues 59. \$ 0.00 \$ 0.00 59. \$ 0.00 59. \$ 0.00 \$ 0.00 59.		5d.		5d	١.	\$_		\$_		0.00	-
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$926.59 \$926.34 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,332.96 \$2,464.18 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include sillmonly, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$0.00 \$0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 10. \$2,332.96 + \$2,464.18 = \$4,797.1 lockled contributions from an unmarride partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		5e.	Insurance	5e	٠.	\$		\$_	2		-
5h. Other deductions. Specify: 6. Add the paryoil deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 926.59 \$ 926.34 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,332.96 \$ 2,464.18 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you requiarly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 11. \$ 2,332.96 + \$ 2,464.18 = \$ 4,797.1 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		5f.	Domestic support obligations	5f.		\$	307.17	\$		0.00	-
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,332.96 \$ 2,464.18 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income monthly net income from the state of t		5g.	Union dues	5g	١.	\$	0.00	\$_		0.00	-
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8c. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (tender) under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. State all other regular contributions to the expenses that you list in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		5h.	Other deductions. Specify:	5h	.+	\$_	0.00	+ \$ _		0.00	_
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it is \$4,797.1 Combined monthly income.	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	926.59	\$	g	26.34	_
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ★\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,797.1 Combined monthly income.	7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,332.96	\$_	2,4	64.18	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?	8.	8a. 8b.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8b		٠					-
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		· —					-
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			• •			·		· -			=
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.			•	8e	٠.	\$	0.00	\$_		0.00	_
8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? No.		81.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			\$	0.00	\$		0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?		8g.	Pension or retirement income	8g	١.	\$	0.00	\$		0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.		8h.	Other monthly income. Specify:	8h	.+	\$	0.00	+ \$_		0.00	-
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	0.00	\$_		0.00)
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.	10	Cal	culate monthly income. Add line 7 ± line 9	10	\$		2 332 06 + \$	2 /	161 18	_ \$	1 707 11
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.0 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. \$ 4,797.1 Combined monthly income. No.	10.			10.	Ψ_		Σ,332.30	۷,-	104.10] -	7,131.17
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,797.1 Combined monthly income No.	11.	State Inches other Do	te all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your per friends or relatives. In the contribution of the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your per friends or relatives.	depe			•				0.00
13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certa						12.		
	13.		No.	?						nonthly	y income

Official Form 106I Schedule I: Your Income page 2

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FIII	in this informa	ation to identify yo	our case:					
Deb	tor 1	Aurelio Flore	es				ck if this is:	
Deb	tor 2	Nora Zamud	io				An amended filing A supplement show	wing postpetition chapter
(Spo	ouse, if filing)	11014 =411144	<u> </u>			_	13 expenses as of	
Unit	ed States Bank	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
S	chedule	J: Your l	 Exper	ises				12/1
Be info	as complete ormation. If m	and accurate as	possible.	. If two married people ar ich another sheet to this				
Par		ribe Your House	hold					
1.	Is this a join							
	□ No. Go to	o line 2. es Debtor 2 live i	in a canar	oto household?				
			п а ѕераг	ate nousenoid?				
	■ N	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Deb	otor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		1	□ No ■ Yes
					Daughter		3	□ No ■ Yes
								□ No
					-			☐ Yes ☐ No
								☐ Yes
3.	expenses of	penses include of people other t	nan $_{f au}$	No You				
	yourself an	d your depende	nts? ⊔	Yes				
Est	imate your e	a date after the b	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follower that the second s	orm as a si J, check t	upplement in a Cha he box at the top o	apter 13 case to report of the form and fill in the
the	value of suc	h assistance and		government assistance i			Your exp	oneos
(Of	ficial Form 10	J6I.)					Tour exp	elises
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4. :	\$	1,149.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. :	\$	0.00
		erty, homeowner's				4b.	·	0.00
		e maintenance, re eowner's associat	•	upkeep expenses		4c. 3 4d. 3	·	50.00 0.00
5.				our residence, such as ho	me equity loans	4u. 5.		0.00

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ebtor 2 No	relio Flores ora Zamudio	Case num	ber (if known)	
Utilities:				
6a. Ele	ectricity, heat, natural gas	6a.	\$	200.00
6b. Wa	ater, sewer, garbage collection	6b.	\$	100.00
6c. Te	lephone, cell phone, Internet, satellite, and cable services	6c.	\$	410.00
6d. Otl	ner. Specify:	6d.	\$	0.00
	d housekeeping supplies	7.	\$	760.00
	e and children's education costs	8.	\$	500.00
	, laundry, and dry cleaning	9.	\$	200.00
_	care products and services	10.	· -	120.00
	and dental expenses	11.	·	240.00
	rtation. Include gas, maintenance, bus or train fare.		Ψ	240.00
•	clude car payments.	12.	\$	450.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	le contributions and religious donations	14.	· -	35.00
. Insuranc	•		<u> </u>	33.00
	clude insurance deducted from your pay or included in lines 4 or 20.			
	e insurance	15a.	\$	0.00
	alth insurance	15b.	·	0.00
	hicle insurance	15c.	·	121.00
	ner insurance. Specify:	15d.	·	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	Debtor IRS payment	16.	\$	350.00
	ent or lease payments:			
17a. Ca	r payments for Vehicle 1	17a.	\$	550.00
	r payments for Vehicle 2	17b.	\$	0.00
	ner. Specify:	17c.	\$	0.00
	ner. Specify:	17d.	· -	0.00
	ments of alimony, maintenance, and support that you did not report a		<u> </u>	0.00
	d from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	yments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	al property expenses not included in lines 4 or 5 of this form or on Sch	hedule I: Yo	our Income.	
	rtgages on other property	20a.		0.00
20b. Re	al estate taxes	20b.	\$	0.00
20c. Pro	operty, homeowner's, or renter's insurance	20c.	\$	0.00
	intenance, repair, and upkeep expenses	20d.	·	0.00
	meowner's association or condominium dues	20e.	·	0.00
. Other: S		21.	· ·	
. Other. 3	Decity.			0.00
. Calculate	e your monthly expenses			
22a. Add	lines 4 through 21.		\$	5,335.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	line 22a and 22b. The result is your monthly expenses.		\$	5,335.00
	, , ,			5,555.00
	e your monthly net income.		_	
	py line 12 (your combined monthly income) from Schedule I.	23a.	·	4,797.14
23b. Co	py your monthly expenses from line 22c above.	23b.	-\$	5,335.00
226 0	htreat your monthly avanage from your monthly income			
	btract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> .	23c.	\$	-537.86
111			<u> </u>	
	expect an increase or decrease in your expenses within the year after y			
	le, do you expect to finish paying for your car loan within the year or do you expect you	ur mortgage p	payment to increase	or decrease because of
_	on to the terms of your mortgage?			
No.				
☐ Yes.	Explain here:			

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Fill in this info	rmation to identify your	c250:				
	mation to identity your	case.				
Debtor 1	Aurelio Flores	A ()				
	First Name	Middle Name	Las	st Name		
Debtor 2 (Spouse if, filing)	Nora Zamudio First Name	Middle Name	Lac	st Name		
(Spouse II, IIIIIIg)	i iist ivaille	Middle Name	Las	i Name		
United States B	ankruptcy Court for the:	NORTHERN DISTR	RICT OF ILLINO	IS		
Case number						
(if known)						☐ Check if this is an
						amended filing
If two married p You must file th obtaining mone		r, both are equally really rea	sponsible for s	upplying correct info	ormation. g a false stateme	ent, concealing property, or or imprisonment for up to 20
	gn Below	ana wha ia NOT an a		fill out bouleness	4060	
טומ you pa	ay or agree to pay some	one who is NOT an a	ittorney to neip	you fill out bankrup	tcy forms?	
■ No						
☐ Yes.	Name of person				Attach Bankrup Declaration, an	otcy Petition Preparer's Notice, ad Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the s	summary and s	chedules filed with t	his declaration a	nd
X /s/ Au	relio Flores		х	/s/ Nora Zamudio		
	io Flores			Nora Zamudio		
Signatu	ure of Debtor 1			Signature of Debtor 2	2	

Date **February 13, 2017**

Date February 13, 2017

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Fill ir	this inforn	nation to identify your	case:				
Debto	or 1	Aurelio Flores					
5		First Name	Middle Name	La	ast Name		
Debto (Spous	or 2 e if, filing)	Nora Zamudio First Name	Middle Name	La	ast Name		
Linito	d States Ba	nkruptov Court for the	NORTHERN DISTRIC	T OF ILLING	NS		
Office	u States Da	nkruptcy Court for the:	NORTHERN DISTRIC	I OF ILLING	713		
Case (if know	number _ vn)						Check if this is an
Stat Be as inforn	complete a	and accurate as possi ore space is needed,	attach a separate sheet t	e are filing	together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Part		n). Answer every ques Details About Your Ma	rital Status and Where Y	ou Lived B	efore		
1. V	Vhat is you	r current marital statu	s?				
•	■ Married □ Not mai						
2. C	Ouring the la	ast 3 years, have you	lived anywhere other tha	ın where yo	ou live now?		
•	■ No □ Yes. Lis	at all of the places you li	ved in the last 3 years. Do	not include	where you live now	ı.	
I	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1	Debtor 2 Prior Ad	Idress:	Dates Debtor 2 lived there
						ity property state or territor ico, Texas, Washington and V	
	No						
	☐ Yes. Ma	ake sure you fill out Sch	edule H: Your Codebtors ((Official For	m 106H).		
Part 2	2 Explai	n the Sources of You	Income				
F	fill in the tota	al amount of income you	nployment or from operar u received from all jobs an have income that you rece	d all busine	sses, including part-		ndar years?
		I in the details.					
			Debtor 1			Debtor 2	
			Sources of income Check all that apply.		s income e deductions and ions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	ast calenda uary 1 to De	r year: ecember 31, 2016)	■ Wages, commissions, bonuses, tips		\$39,706.00	■ Wages, commissions, bonuses, tips	\$39,901.68
			☐ Operating a business			☐ Operating a business	

Official Form 107

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Debtor 1 Aurelio Flores

De	btor 2 No	ora Zamudio	1		Cas	e number (if known)		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of ind Check all that a		Gross income (before deductions and exclusions)
		dar year befo December 31		■ Wages, commissions, bonuses, tips	\$55,493.00	■ Wages, combonuses, tips	nmissions,	\$31,205.00
				☐ Operating a business		☐ Operating a	business	
	r the calen anuary 1 to	dar year: December 31	, 2014)	■ Wages, commissions, bonuses, tips	\$50,773.00	■ Wages, combonuses, tips	nmissions,	\$34,670.00
				☐ Operating a business		☐ Operating a	business	
	List each	,	gross inco	se and you have income that yome from each source separa		•		,
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Payr	nents You	Made Before You Filed for	Bankruptcy			
i-	□ No.	Neither Debindividual pring the 96 No. * Subject to Debtor 1 or During the 96 No. * Subject to Debtor 1 or During the 96 No. Yes I	tor 1 nor I marily for a 0 days befor Go to line 7 List below 6 paid that cr not include adjustmen Debtor 2 c 0 days befor Go to line 7 List below 6 nclude pay	each creditor to whom you pai editor. Do not include paymer payments to an attorney for to t on 4/01/19 and every 3 year or both have primarily consu one you filed for bankruptcy, di	Imer debts. Consumer debtald purpose." d you pay any creditor a total d a total of \$6,425* or more this for domestic support oblighis bankruptcy case. Is after that for cases filed on timer debts. d you pay any creditor a total d a total of \$600 or more and	in one or more par gations, such as cl or after the date of all of \$600 or more?	ore? yments and the control of adjustment. you paid that	ne total amount you nd alimony. Also, do
	Creditor	's Name and A	Address	Dates of payme		Amount you	Was this p	payment for
	3476 St	argo Home ateview Blvo SC 29715		Sept., Oct., No	paid ov. \$3,447.00	\$0.00	■ Mortgaç □ Car □ Credit C □ Loan Re □ Supplie	Card

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Debtor 2 Nora Zamudio Case number (if known) **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... paid still owe Ally Financial Sept., Oct., Nov. \$1,650.00 \$0.00 ■ Mortgage 200 Renaissance Ctr ☐ Car Detroit, MI 48243 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Reason for this payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. □ No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address **Describe the Property** Value of the Date property Explain what happened American Eagle Bank 2007 Lincoln Navigator 1-30-17 Unknown 556 Randall Rd. South Elgin, IL 60177 Property was repossessed. ☐ Property was foreclosed. □ Property was garnished. ☐ Property was attached, seized or levied.

Debtor 1

Aurelio Flores

Entered 02/13/17 13:12:21 Case 17-04054 Doc 1 Filed 02/13/17 Desc Main Document Page 47 of 65 Debtor 1 **Aurelio Flores** Debtor 2 Nora Zamudio Case number (if known) 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You

C. David Ward

1234 Douglas Road Oswego, IL 60543 cdward1945@yahoo.com **Attorney Fees**

\$450.00

12-17-16

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Debtor 1 Aurelio Flores
Debtor 2 Nora Zamudio

Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and va transferred	lue of any propert	ty	Date payment or transfer was made	Amount of payment
	Allen Credit And Debt Counseling Agency 20003 387th Ave. Wolsey, SD 57384				1-17	\$20.00
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list	or to make payments t			transfer any proper	ty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and va transferred	lue of any propert	ty	Date payment or transfer was made	Amount of payment
10	Within 2 years before you filed for bonky many	did vou cell trede or	ath anning transfe		utu ta anuana athan	than nuanauti
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi			er any prope	erty to anyone, otner	tnan property
	Include both outright transfers and transfers made include gifts and transfers that you have already list. No Yes, Fill in the details.		e granting of a sect	urity interest	or mortgage on your	property). Do not
	Person Who Received Transfer	Description and va	lue of	Describe a	ny property or	Date transfer was
	Address Person's relationship to you	property transferre			received or debts	made
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection)		property to a self	-settled true	st or similar device o	of which you are a
	■ No					
	☐ Yes. Fill in the details.					
	Name of trust	Description and va	lue of the propert	y transferre	d	Date Transfer was made
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit I	Boxes, and Storaç	ge Units		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?	•			•	
	Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No			Jeposit; Sna	ares in banks, credit	unions, brokerage
	Yes. Fill in the details.					
			Type of account of instrument	clos	e account was sed, sold, ved, or sferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for b	oankruptcy, any sa	afe deposit	box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Stre State and ZIP Code)		scribe the c	ontents	Do you still have it?
		Jule und Zii Oodej				

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Debtor 1 Aurelio Flores
Debtor 2 Nora Zamudio

Case number (if known)

22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year before you filed for bank	kruptcy?
	■ No			
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someout for someone.	ne else owns? Include any proper	ty you borrowed from, are sto	oring for, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Par	10: Give Details About Environmental Informa	ition		
For	he purpose of Part 10, the following definitions a	apply:		
_	Environmental law means any federal, state, or I toxic substances, wastes, or material into the airegulations controlling the cleanup of these sub	r, land, soil, surface water, ground		
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal s	-	law, whether you now own, օլ	perate, or utilize it or used
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		waste, hazardous substance	, toxic substance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under or in violation of an en	vironmental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	trative proceeding under any envi	ronmental law? Include settle	ments and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Conr	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have an	y of the following connection	s to any business?
	☐ A sole proprietor or self-employed in a tr	rade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	
Ott:	0.1	CEL	Contraction of the Contraction o	

Entered 02/13/17 13:12:21 Desc Main Case 17-04054 Doc 1 Filed 02/13/17 Page 50 of 65 Document Debtor 1 **Aurelio Flores** Debtor 2 Nora Zamudio Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Aurelio Flores /s/ Nora Zamudio **Aurelio Flores Nora Zamudio** Signature of Debtor 1 Signature of Debtor 2 Date February 13, 2017 February 13, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Aurelio Flores			
	First Name	Middle Name	Last Name	
Debtor 2	Nora Zamudio			
Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is ar amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C	
Creditor's Ally Financial	☐ Surrender the property.	□ No	
name:	☐ Retain the property and redeem it.		
Description of 2011 Chevrolet Cruze	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes	
property Co-debtor owns with her	Retain the property and [explain]:		
securing debt: mother, Consuelo Zamudio. FMV \$6,275.00	continue payments		
Creditor's Wells Fargo Home Mor	☐ Surrender the property.	□ No	
name:	☐ Retain the property and redeem it.		
Description of 826 Pennsylvania Ave. Aurora,	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes	
property IL 60506 Kane County	Retain the property and [explain]:		
securing debt: Property owned by co-debtor	continue payments		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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Debtor 1 Aurelio Flores Debtor 2 Nora Zamudio		Case number (if know	Case number (if known)				
Les	sor's nam	ne:	Consumers Alliance Pr	ocessing Corp			■ No
							☐ Yes
	scription o	of leased	Debt consolidation pro	gram.			
Par	t 3: Sig	gn Below					
	•		ry, I declare that I have indi et to an unexpired lease.	cated my intention abou	ut ar	ny property of my estate that s	secures a debt and any personal
Χ	/s/ Aur	elio Flor	es	Х	/s	/ Nora Zamudio	
	Aurelio Flores			No	ora Zamudio		
	Signatu	ignature of Debtor 1			Si	gnature of Debtor 2	
	Date	Februa	ary 13, 2017	Di	ate	February 13, 2017	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	:	Liquidation
\$2	45	filing fee
\$	75	administrative fee
+ \$	15	trustee surcharge
\$3	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-04054 Doc 1 Filed 02/13/17 Entered 02/13/17 13:12:21 Desc Main Document Page 57 of 65

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In	Aurelio Flores re Nora Zamudio		Case No.				
	140ra Zamudio	Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR D	EBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services ren	dered or to		
	For legal services, I have agreed to accept		<u> </u>	450.00			
	Prior to the filing of this statement I have received		\$	450.00			
	Balance Due		\$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed comp	ensation with any other person	unless they are men	bers and associates of	my law firm.		
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the nar				w firm. A		
5.	In return for the above-disclosed fee, I have agreed to re	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of credited. [Other provisions as needed]	ement of affairs and plan which	may be required;	-	uptcy;		
	Negotiations with secured creditors to r reaffirmation agreements and applicatio 522(f)(2)(A) for avoidance of liens on ho	ns as needed; preparation					
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.	e does not include the following schargeability actions, judi	gservice: cial lien avoidand	es, relief from stay	actions or		
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	y agreement or arrangement for	payment to me for i	representation of the de	ebtor(s) in		
-	February 13, 2017	/s/ C. David Ward					
	Date	C. David Ward Signature of Attorne					
		C. David Ward	~				
		1234 Douglas Ro					
		Oswego, IL 60543 630-554-3065 Fa					
		cdward1945@yal	noo.com				
		Name of law firm					

BANKRUPTCY RETAINER AGREEMENT

You have asked our firm to act as your attorneys. This agreement sets forth the terms under which we will represent you and shall become effective as soon as it is signed by both of us and we are paid as set forth herein. We reserve the right to terminate our attorney client relationship for non-payment of fees or costs and or the failure to provide the documents requests in a timely fashion. We do not advance any costs or expenses

I.	COST	S AND EXPENSES. The following are the anticipated	costs and expenses	which
may be	incurre	d in your case: The case can not be filed without these t	fees being paid.	
	A.	COURT COSTS: Initial filing fee to clerk of court	<u>\$335.00</u>	
	В.	CREDIT REPORT:	\$33.00 / \$53.00	
П.	FLAT	FEE . The attorney's fee that will charged for your		
	Chapte	er 7 bankruptcy will be	\$450.00	•

Ш. TOTAL DUE.

T

\$818.00 / \$838.00

- IV. **PRIVACY WAIVER**. Many of the documents we will require and much of the information and due diligence we will have to complete will require our investigation into your personal financial records and all other venues of public data. This could include the Secretary of State, the Criminal Court records, the Civil Court records, the tax assessor's records, and all other sources of information that may be available through the internet (including IRS, IDOR, and census bureau) and other public sources of information. Said information will be used solely on your behalf and as is necessary to adequately represent you in the bankruptcy proceedings filed on your behalf. Should we not represent you said information will not be disclosed to any other person without your permission unless ordered to do so by a court with jurisdiction. Once this information is received we will have to include it in the paperwork necessary to complete the bankruptcy process on your behalf. You hereby authorize us to obtain the necessary information from any source available and further agree to execute any necessary waiver and or permissions required by any third party providers of this information.
- WE UNDERSTAND THAT THE CASE WILL NOT FILED UNLESS WE PROVIDE V. THE REQUIRED DOUMENTATION ON TIME AND MAKE THE PAYMENTS AGREED TO ON TIME. SAID FAILURE TO FILE MAY DEPRIVE US OF THE PROTECTION OF THE BANKRUPTCY SYSTEM AND COULD ADVERSELY AFFECT US.
- WE UNDERSTAND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT GUARANTEE THAT WE QUALIFY FOR A CHAPTER 7 BANKRUPTCY. NO REPRESENTATION AS TO WHICH CHAPTER WE QUALIFY FOR IS BEING MADE UNTIL THE MEANS TEST CALCULATION IS COMPLETED AND OTHER QUALIFICATIONS FACTORS ARE MET.
- IF YOU FAIL TO APPEAR AT THE 341 MEETING AND/OR DO NOT BRING YOUR PHOTO ID AND SOCIAL SECURITY CARD TO THE MEETING AND IT IS NOT HELD, WE WILL CHARGE AN ADDITOINAL \$100.00 FEE TO ATTEND THE NEXT MEETING WHICH MUST BE PAID BEFORE ATTENDING THE MEETING.

Dated: 110-2016	M X D
ILLINI LEGAL SERVICES:	CDWard

- VII. WHAT WE WILL DO FOR YOU MAN! Legal Sauce 5 will provide legal and other services as follow:
- A. PEOPLE INVOLVED. The full bankruptcy process involved many skilled people who work on various stages of your case. Some of the people involved are:
- 1. ATTORNEY. The Attorneys at Illini Legal Services will provide over sight in all aspects of your case, meet with you as is necessary and attend those creditors meeting and court appearances as are agreed. Should legal fees be charges the current hourly rate is \$360.00 per hour.
- 2. PARALEGAL. Illini Legal Services uses the services of paralegals. Paralegals are highly skilled non-attorneys who provide specialized support services. Paralegals are supervised by Attorneys and provide the support services to facilitate the document preparation, information gathering, and other essential tasks necessary in the orderly completion of your Bankruptcy. Should fees be charged they will be \$180.00 per hour.
- 3. SECRETARIAL AND OTHER SUPPORT. Other people are also engaged in helping your successful trip through the bankruptcy process. These include secretaries, and other services. There is no separate hourly charge for these services and their costs are included in the hourly fees charged by Illini Legal Services.
- B. SERVICES PROVIDED. Once you have become our client we will provide among other services the following:
- 1. EXPLANATION OF BANKRUPTCY. We will explain the bankruptcy process and the difference between the types of bankruptcy to you so that you can make a reasoned decision as to what you want to do.
- 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you to complete the bankruptcy process. This includes the following:
- 3. CREDITOR'S MEETING. In both Chapter 7 and Chapter 13 there is a mandatory meeting with the bankruptcy trustee know as the 341 meeting. We will prepare for and attend this meeting with you.
- 4. COURT APPEARANCES. If there are necessary court appearances we will prepare for and attend them.
- a. Mundane Court Appearances. Mundane court appearances are routine court matters. They are held on court motion calls. Said mundane matters do not include set evidentiary hearings, adversary proceedings, and or other contested matters of an unusual nature.
- b. Adversary Proceedings and highly contested Court Appearances. Adversary Proceedings and highly contested Court Appearances are not included in the fee quoted above and there will be extra charges which will be discussed with you prior to the attendance of any court appearance. In most instances additional legal fees will have to be agreed to and paid.
- 5. AMENDMENTS OF SCHEDULES. We will prepare and file on your behalf any necessary amendments to the paperwork. There may be an additional costs for this service with the court system which your will have to pay prior to the amendments.
- VIII. WHAT WE WILL NOT DO FOR YOU. Without further agreement between Illini and you, there are several things that Illini has not agreed to do. These include:
- A. ADVERSE PROCEEDINGS. Should any person, creditor, and or the trustee, initiate a lawsuit against you in the bankruptcy proceeding, (this is called an adversary proceeding) we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- B. ACTIONS CAUSED BY YOUR FAILURE TO LIVE UP TO YOUR AGREED RESPONSIBILITIES. Should you fail to do any of those things you have agreed to do as set forth in this agreement we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- IX. WHAT YOU MUST DO FOR US. It is immensely important that we have your complete cooperation. All items must be paid, in advance, to Illini and a failure to pay same will result in our withdrawal from your case and may cause documents which must be filed in a timely fashion to be filed late or not all. We are not responsible for the consequences of your failure to get to us the information, whether written, or otherwise, in a timely fashion nor will we represent you in any of the proceedings occasioned by your failure, without further agreement about the representation and the payment of expenses, costs and fees. We cannot do our job for you unless we have the information to be able to deal with in a timely fashion. Not limiting the above, you must do the following:
 - A. ATTEND THE CREDITOR'S MEETING AND ALL COURT PROCEEDINGS ON TIME.

 IF YOU FAIL TO APPEAR OR DO NOT HAVE YOUR SOCIAL SECURITY CARD AND
 PHOTO ID AND WE HAVE TO MAKE AN EXTRA APPEARANCE WE WILL CHARGE
 AN ADDITIONAL \$100.00 WHICH MUST BE PAID BEFORE THE NEXT MEETING.
 - B. PROVIDE ALL DOUMENTRATION REQUESTED TO US WHEN WE REQUEST IT.
 - C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY OCCUR.
 - E. COOPERATE IN A TIMELY FASHION WITH THIRD PARTIES NECESSARY TO THE SUCCESSFUL COMPLETTION OF YOUR CASE

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United States Bankruptcy Court Northern District of Illinois

In re	Aurelio Flores Nora Zamudio		Case No.	
		Debtor(s)	Chapter 7	
	V	ERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	49
	The above-named Debtor((our) knowledge.	(s) hereby verifies that the list of credi	tors is true and correct to the	ne best of my
Date:	February 13, 2017	/s/ Aurelio Flores		
		Aurelio Flores Signature of Debtor		
Date:	February 13, 2017	/s/ Nora Zamudio		
		Nora Zamudio		
		Signature of Debtor		

Advanced Call Center Technologies L PO Box 9091 Gray, TN 37615-9091

Ally Financial Po Box 380901 Bloomington, MN 55438

Amr Eagle Bk 556 Randall Road South Elgin, IL 60177

Anesthesia Associates Po Box 686 DeKalb, IL 60115

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Belden Jewelers/Sterling Jewel Attn: Bankruptcy Po Box 1799 Akron, OH 44309

Capital One Po Box 30285 Salt Lake City, UT 84130

Capital One / Menard Attn: Bankruptcy Dept Po Box 30258 Salt Lake City, UT 84130

Cbassociates Po Box 150 Fairfield, CA 94533 Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Citibank Citicorp Cr Srvs/Centrali Po Box 790040 S Louis, MO 63129

Citibank Sears Citicorp Credit Srvs/Centrali Po Box 790040 Saint Louis, MO 63179

Citibank/Best Buy Centalized Bankruptcy/ Po Box 790040 Sanit Louis, MO 63179

Citibank/The Home Depot Citicorp Cr Srvs Po Box 790040 S Louis, MO 63129

Citibank/The Home Depot Citicorp Cr Srvs/Centraliz Po Box 790040 S Louis, MO 63129

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Comenitycapital/dvdsbr Comenity Bank Po Box 182125 Columbus, OH 43218

Consuelo Zamudio 820 Columbia Aurora, IL 60505 Consumers Alliance Processing Corp PO Box 131480 Carlsbad, CA 92013

Credit First/CFNA Bk13 Credit Operations Po Box 818011 Cleveland, OH 44181

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Diversified Svs Group Attention: Bankruptcy Department 1824 W Grand Ave - Suite 200 Chicago, IL 60622

Dreyer Ambulatory Surgery Center 1221 N. Highland Ave. PO Box 1566 Aurora, IL 60506

Dreyer Medical Clinic 1870 W. Galena Blvd Aurora, IL 60506

EGS Financial 4740 Baxter Road Virginia Beach, VA 23462

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Khem Surgical Services 32 Pickford Rd. Montgomery, IL 60538

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One Advantage LLC Fka Firstsource Advantage 7650 Magna Drive Belleville, IL 62223

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Rush Copley Medical Center 2000 Ogden Avenue Aurora, IL 60504

Sonoma County Child Su 3725 Westwind Blvd Ste 2 Santa Rosa, CA 95403

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Syncb/toysrus Attn: Bankrupty Po Box 103104 Roswell, GA 30076

Synchrony Bank/ JC Penneys Po Box 965064 Orlando, FL 32896

Synchrony Bank/Sams Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Po Box 965064 Orlando, FL 32896

T-Mobile PO Box 742596 Cincinnati, OH 45274-2596

Vital Recovery Services PO Box 923748 Peachtree Corners, GA 30010-3748

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